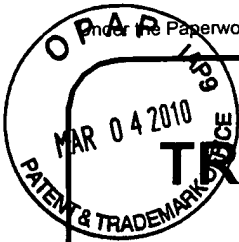


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/620,315		
	<b>Filing Date</b>	July 14, 2003	
	<b>First Named Inventor</b>	Moshe Rosenberg	
	<b>Group Art Unit</b>	1615	
	<b>Examiner Name</b>	Melissa S. Mercier	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	309J-000310US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Issue Fee Transmittal</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment under 37 CFR 1.312 <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> <b>Receipt Acknowledgement Postcard</b> <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> <b>Fee Address Indication Form</b> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Letter to Draftsperson <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div></div>
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
<b>Remarks</b> <div></div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gary Baker, Reg. No. 41,595, Quine Intellectual Property Law Group, P.C.
Signature	
Date	March 1, 2010

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U. S. Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

Typed or printed name	Evelyn Gomez		Date	3-1-2010
Signature				